



Indiana
Department
of
Health

CANCER REPORTABILITY & ABSTRACTING 101 FOR INDIANA

Prepared by: Melissa Chapman,
Education and training coordinator for Indiana State
Cancer Registry

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OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Case Eligibility

- Who must report?
- Ambiguous terminology
- Reportable
- Not reportable



Case Eligibility

All facilities in Indiana are required to submit cases that are diagnosed and/or treated at their facility

- Include diagnosis information if available in medical record

Only report first course treatment

- Treatment given to destroy, remove cancer directed at the primary site, regional lymph nodes, and/or distant sites
- Typically given within the first 4-6 months after diagnosis
- Prior to any progression of disease (i.e., new metastases, etc.)

Case Eligibility



Ambiguous Terms that Constitute a Diagnosis

| | |
|--|--|
| Apparent(ly) | Presumed |
| Appears | Probable |
| Comparable with | Suspect(ed) |
| Compatible with | Tumor *(beginning 2004 for C70.0-C72.9, C75.1-C75.3) |
| Favors | Typical of |
| Malignant Appearing | Most likely |
| Neoplasm* *(beginning 2004 for C70.0-C72.9, C75.1-C75.3) | Consistent with Suspicious (for) |

Ambiguous Terms that DO NOT Constitute a Diagnosis

| | |
|-----------------------|--------------|
| Cannot be ruled out | Questionable |
| Equivocal | Rule Out |
| Possible | Suggests |
| Potentially Malignant | Worrisome |

*Intracranial & CNS
benign/borderline tumors
ONLY –not to be used for
other sites/histologies

Case Eligibility

Reportable

- All tumors with an ICD-O-3 behavior code:
 - /2 (in situ; non-invasive)
 - /3 (invasive; malignant)
- Nonmalignant primary intracranial and CNS tumors (1/1/2004+)
 - /0 (benign) or /1 borderline (C70._, C71._, C72._, C75.1, C75.2, C75.3)
- Juvenile Astrocytoma (9421/1) *dx 1/1/2023 and forward
- Carcinoid Tumor NOS of appendix (8240/3) *1/1/2015 and forward
- VIN III, VAIN III, AIN III are reportable (8077/2)
- Gastro-intestinal stromal tumor (GIST) of any site are a behavior /3 for cases dx 1/1/2021+
- Thymomas with a behavior /3 are reportable for cases dx 1/1/2021+
- LAMN or Low Grade Appendiceal Mucinous Neoplasm 8480 (/2 or /3) 1/1/2023
- LCIS (Lobular Carcinoma In Situ) is reportable (assign class 34/36)

Case Eligibility

Not Reportable

- Malignant Skin Cancers (C44._) with histology codes 8000-8110
- Carcinoma in situ of the cervix (CIS), 8077/2
- CIN III of the cervix, PIN III (prostate), LIN III (larynx)
- 8210/2 Adenomatous polyp, High grade dysplasia (C160 – C166, C168-C169, C170-C173, C178-C179)
- 8211/2 Tubular adenoma, high grade
- 8261/2 Villous adenoma, high grade
- 8263/2 Tubulovillous adenoma, high grade
- 8483/2 Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)
- 8484/2 Adenocarcinoma in situ, HPV-independent, NOS (C530-C531, C538-C539)

Abstracting 101

- Primary site (topography) assignment
 - Solid tumors
 - Hematopoietic & lymphoid tumors
- Laterality coding
- Histology (morphology) coding
- Behavior coding
- Grade/differentiation coding
- How many cancers do I report?
- How do I pick the histology for each primary?



Cancer Identification

Primary Site for Solid Tumors

Reference the “Topography” section of the ICD-O-3 manual

- [International Classification of Diseases for Oncology 3rd Ed](#)

➤ Guidelines should be followed for coding primary site

Topography codes C00 to C80.9

- Site (i.e., breast C50, lung C34)
- Subsite (i.e., C50.3 lower inner quadrant breast, C34.2 middle lobe lung)

Notes to remember:

- Assign to the subcategory that includes the point of origin of the tumor
- A tumor that overlaps the boundaries of two or more subcategories and whose point of origin cannot be determined should be classified to subcategory “.8”
 - **Example:** Cancer of breast overlapping the UOQ and UIQ should be assigned to C50.8.

Table 7. Structure of topography code

C ____ . ____
site subsite

Example C50.2
Breast, upper inner quadrant

C50 BREAST (excludes skin of breast C44.5)

- C50.0 Nipple
Areola
- C50.1 Central portion of breast
- C50.2 Upper-inner quadrant of breast
- C50.3 Lower-inner quadrant of breast
- C50.4 Upper-outer quadrant of breast
- C50.5 Lower-outer quadrant of breast
- C50.6 Axillary tail of breast
Tail of breast, NOS
- C50.8 Overlapping lesion of breast
(see section 4.2.6)
Inner breast
Lower breast
Midline of breast
Outer breast
Upper breast
- C50.9 Breast, NOS
Mammary gland

Source: 3.3 ICD-O-3 Manual

Cancer Identification

Primary Site for Hematopoietic and Lymphoid Cancers

Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the Hematopoietic and Lymphoid Neoplasm Database (1/1/2010+) must be utilized to determine multiple primaries and histology coding

- Histology Codes 9590-9989
- <https://seer.cancer.gov/seertools/hemelymph/>
- Leukemia and most hematopoietic cases should be coded to primary site **C42.1**(Bone Marrow)
 - Example: Multiple Myeloma, Acute Myeloid Leukemia, Myeloproliferative Neoplasm, NOS
- Lymphoma cases arising in a lymph node (**C77.**_)
 - Multiple lymph nodes involved code as **C778** (overlapping)
- Lymphoma in an organ **code primary to site of organ**
 - Example: MALT lymphoma in stomach –primary site: C169
- Lymphoma in both organ(s) and bone marrow and no lymph node involvement code **C779** unless otherwise indicated

Cancer Identification

Laterality

Laterality must be recorded for the paired organs as 1-5 or 9.

- Code 0 = organs that are not paired, unless recorded as "right" or "left"
- Code 5 = midline origin*
- Code 9 = paired site, but no information concerning laterality

* New code and can be used retrospectively for case diagnosed prior to 2010

| Paired Organ Sites | | Paired Organ Sites | |
|--------------------|---|--------------------|------------------------|
| ICD-O-3 | Site | ICD-O-3 | Site |
| C07.9 | Parotid gland | C63.1 | Spermatic cord |
| C08.0 | Submandibular gland | C64.9 | Kidney, NOS |
| C08.1 | Sublingual gland | C65.9 | Renal pelvis |
| C09.8 | Overlapping lesion of tonsil | C66.9 | Ureter |
| C09.9 | Tonsil, NOS | C69.0–C69.9 | Eye and lacrimal gland |
| C30.1 | Middle ear | C70.0 | Cerebral meninges, NOS |
| C31.0 | Maxillary sinus | C71.0 | Cerebrum |
| C31.2 | Frontal sinus | C71.1 | Frontal lobe |
| C34.1–C34.9 | Lung | C71.2 | Temporal lobe |
| C38.4 | Pleura | C71.3 | Parietal lobe |
| C40.0 | Long bones of upper limb and scapula | C71.4 | Occipital lobe |
| C40.1 | Short bones of upper limb | C72.2 | Olfactory nerve |
| C40.2 | Long bones of lower limb | C72.3 | Optic nerve |
| C40.3 | Short bones of lower limb | C72.4 | Acoustic nerve |
| C44.1 | Skin of eyelid | C72.5 | Cranial nerve, NOS |
| C44.2 | Skin of external ear | C74.0–C74.9 | Adrenal gland |
| C44.3 | Skin of other and unspecified parts of face | C75.4 | Carotid body |
| C44.4 | Skin of Scalp and Neck | | |
| C44.5 | Skin of trunk | | |
| C44.6 | Skin of upper limb and shoulder | | |
| C44.7 | Skin of lower limb and hip | | |
| C47.1 | Peripheral nerves and autonomic nervous system of upper limb and shoulder | | |
| C47.2 | Peripheral nerves and autonomic nervous system of lower limb and hip | | |
| C49.1 | Connective, subcutaneous, and other soft tissues of upper limb and shoulder | | |
| C49.2 | Connective, subcutaneous, and other soft tissues of lower limb and hip | | |
| C50.0–C50.9 | Breast | | |
| C56.9 | Ovary | | |
| C57.0 | Fallopian tube | | |
| C62.0–C62.9 | Testis | | |
| C63.0 | Epididymis | | |

Source: STORE Manual 2025

Cancer Identification

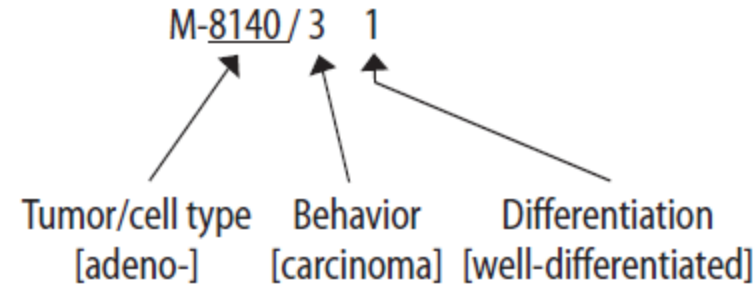
Histology (Morphology)

- Histology of solid tumors are found in "Morphology" section of the **ICD-O-3 Manual**
- The histology describes the characteristics of the tumor itself, including cell type and biological activity
 - Examples: Adenocarcinoma; Melanoma
- Morphology Definition: Pages 69-104 (ICD-O-3 Manual)
- Morphology/histology codes are made up of 4 digits
 - Example: 8140 Adenocarcinoma, NOS

Table 8. **Structure of a morphology code**

_____/_____
histology *behavior grade*

Example: well-differentiated adenocarcinoma



Source: ICD-O-3 Manual

Cancer Identification

Behavior of Solid Tumors

- Found in “Morphology” section of the **ICD-O-3**
 - ☐ **0** Benign (*Only reportable for Intracranial & CNS tumors 1/1/2024+)
 - ☐ **1** Uncertain whether benign or malignant (*Only reportable for Intracranial & CNS tumors (1/1/2024+)
 - ☐ **2** Carcinoma in situ
 - ☐ **3** Malignant, Invasive
 - ☐ **6** Malignant, metastatic site **(DO NOT USE)**
 - ☐ **9** Malignant, Uncertain whether primary or metastatic site **(DO NOT USE)**

Cancer Identification

Solid Tumor Grade (*See Grade Manual for instructions)

- 1:** Grade 1, Site specific grade system category
- 2:** Grade 2, Site specific grade system category
- 3:** Grade 3, Site specific grade system category
- 4:** Grade 4, Site specific grade system category
- A:** Well-Differentiated (Generic grading system)
- B:** Moderately-Differentiated (Generic grading system)
- C:** Poorly-Differentiated (Generic grading system)
- D:** Undifferentiated and anaplastic (Generic grading system)
- E:** Site specific grade system category
- H:** High grade
- L:** Low grade

M: Site specific grade system category

S: Site specific grade system category

9: Grade or differentiated no determined, not stated or not applicable



Lymphomas and Leukemia's DO NOT have a grade for cases diagnosed 1/1/2018 and forward

- Code 8-Not applicable

How many cancers do I report?

Solid Tumor Rules: <https://seer.cancer.gov/tools/solidtumor/>

- Review the “general instructions” for how to use these rules
- Each primary is grouped in a specific chapter
 - Breast, Colon, Head & Neck, Kidney, Lung, Malignant CNS (Brain and Spinal Cord), Non-malignant CNS, Urinary (bladder, renal pelvis, ureter included), Melanoma (C44_ skin only), Other sites (all sites not grouped in other chapters)
 - Look for primary site at the top of each section
 - Review Multiple primary rules
 - Review Histology rules
 - Start with the first rule and then stop at the first rule that applies
 - **DO NOT SKIP AROUND TO FIND RULES THAT WORK FOR YOUR SITUATION**

How many cancers do I report?

Let's try an example of Multiple Primary Rules:

01/15/2022 A patient presents to your facility with a mole on left forearm. A shave biopsy is performed in office and confirms Melanoma In Situ. The patient returns to your facility 1/30/2022 for a wide excision of the known lesion. Pathology confirms residual Melanoma In Situ. All margins are negative.

02/10/2025 The same patient presents to your facility with a mole on right upper back. A shave biopsy confirms Malignant Melanoma, Superficial Spreading Type. The patient returns to your facility 2/18/2025 for a wide excision.

How many primaries? Per the solid tumor rules multiple primary rules, the first rule to apply is M3. Abstract "multiple primaries" when there are separate, non-contiguous melanomas in sites with ICD-O site codes that differ at the second, third, or fourth character.

- 2022 C44.6 skin of forearm, 2025 C44.5 skin of back (see the ICD-O-3 for sites)

This means your facility would have reported the first primary for 2022 and the second primary for 2025.

How do I pick the histology for each primary?

Let's try an example of Multiple Primary Rules:

01/15/2022 A patient presents to your facility with a mole on left forearm. A shave biopsy is performed in office and confirms Melanoma In Situ. The patient returns to your facility 1/30/2022 for a wide excision of the known lesion. Pathology confirms residual Melanoma In Situ. All margins are negative.

02/10/2025 The same patient presents to your facility with a mole on right upper back. A shave biopsy confirms Malignant Melanoma, Superficial Spreading Type. The patient returns to your facility 2/18/2025 for a wide excision.

What is the histology for primary 1 (2022)? Melanoma In Situ, rule H1 first applies, only one type of histology noted

What is the histology for primary 2 (2025)? Superficial Spreading Melanoma, rule H7 first applies, two histologies are noted, Malignant Melanoma and Superficial Spreading Type, this rule states to code the subtype using Table 2

Abstracting Resources

- “Web Plus Field Guide Non-Hospitals” available through FLccSC under support documentation
- Includes a list of resources is available

Questions?

Indiana State Cancer Registry
cancerregistry@health.in.gov

